## Use this form to request your agency's or locality's records that are stored in the Archives, Library of Virginia INSTRUCTIONS FOR COMPLETING ARCHIVES RETRIEVAL REQUEST (RM-21 FORM

Enter full name of agency or locality

Complete the form as follows.

- Enter agency or locality budget code.
- 98795432 Enter name of department and section or subunit, if necessary.
  - Enter address.
  - Enter telephone number of person requesting records.
  - Enter name and title of person requesting records.
  - Enter date request was sent to Library of Virginia.
  - Enter box number of records (consult *Records Transfer and Receipt* (RM-17 form) issued when records were sent to LVA).
- Enter name or number of records or files to be retrieved from box. Specify if you are requesting entire box
- 10) Enter date(s) of records being requested
- Enter accession number assigned to records after transfer to the Archives. This number is on your copy of the Records Transfer and Receipt (RM-17 form).

## SEND OR FAX FORM TO: RMISD, Library of Virginia Richmond, VA 23219-8000 800 E. Broad Street (804) 692-3600

Fax (804) 692-3603

		,
		8) Your Box No. (from RM-17)
		9) Records Requested (identify name or number of files to be retrieved)
		10) Date(s) of Records
		11) Accession No. (from RM-17)
		LVA Check Out Control Bar Code No.